

TRANSMITTAL FORM

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TRADEMARK

 TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/580, 685
		Filing Date	05/30/2000
		First Named Inventor	Charles Douglas Blewett
		Group Art Unit	2617
		Examiner Name	Le, Danh C.
Total Number of Pages in this Submission	5	Attorney Docket Number	1999-0076

Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Interview Summary <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Issue Fee Xmit - Part B (2 copies) <input checked="" type="checkbox"/> Fee address form		

Remarks: Response to Notice of Allowance and Fee Due mailed 06/20/2006

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Customer Number or Bar Code Label Customer Number - 26652 or Correspondence address below

NAME	John Etchells			
ADDRESS	AT&T CORP., One AT&T Way, Room 2A-207			
CITY	Bedminster	STATE	New Jersey	ZIP CODE
COUNTRY	United States of America			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-707-1568		
SIGNATURE		DATE	09/19/2006

CERTIFICATE OF MAILING

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